



What works? What fails?

FINDINGS FROM THE NAVRONGO COMMUNITY
HEALTH AND FAMILY PLANNING PROJECT



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Navrongo Health Research Centre

TWO BIRDS, ONE STONE¹

Navrongo: We have come here to tap your expertise for setting up a Day Community Health Nurses Training School in Navrongo. This is an attempt to find solutions to staffing challenges raised by the Community Health and Family Planning Project (CHFP), which addressed questions about the impact of health interventions on child survival and family planning. After demonstrating that it works, Nkwanta District in the Volta Region addressed questions about transferability of the Navrongo model in resource-constrained environments. This culminated in the formulation of the Community-based Health Planning and Services (CHPS) Initiative which is now the government's policy for widening access to health care and a strategy for alleviating poverty. Over a third of districts across the country are now implementing a CHPS programme. While communities hail CHPS as an initiative tailored to their health needs, the health system still has not answered the question of how to raise the required number of staff for CHPS. It is now being seriously considered that for sustainable CHPS implementation, communities must be able to train their own nurses who would come back and serve their communities as Community Health Officers ².



The Navrongo Day School project aims to kill two birds with one stone—training more nurses for door-to-door health delivery and finding jobs for school dropouts.

We are happy to inform you that the Kassena-Nankana District Health Management Team (DHMT) and the Navrongo Health Research Centre are leading the way in starting a Day Community Health Nurses Training School in Navrongo. The School will use the same syllabi used in other community health training nurses schools and all efforts will be made to maintain the high standards associated with the training of nurses in Ghana. The Upper East Regional Director of Health Services, the Ministry of Health—particularly the Human Resources Directorate (HRD)—are committed to seeing this idea become a reality.

Tamale: That is a laudable idea. Next step is to seek government commitment to support the project with both human and material resources ³.

Navrongo: We are exploring a variety of sources to supplement what the government can provide. We have contacted some NGOs and the response is great. What are some of the obstacles in our way?

Tamale: One of the biggest problems is how to get qualified and committed tutors for the School. Students who enroll in the programme these days are so academically weak that it takes skilled and committed tutors to train them to become good nurses.

¹ Highlights of a discussion between the Navrongo Health Research Centre (NHRC) and the Kassena-Nankana District Health Management Team (KND-DHMT), and the Tamale Community Health Nurses Training School (TCHNTS) on modalities for establishing a model Day Community Health Nurses Training School in Navrongo.

² The Navrongo team was made up of Ms. Rofina Asuru, PI, CHFP; Dr. Kweku Enos, District Director of Health Services, KND; and Santuah Niagia, Communication Specialist, CHFP.

³ The Tamale team comprised the Principal of the TCHNTS, Ms. Agatha Molbila; two Tutors, Ms. Juliet Atinga and Ms. Mercy Chimsi and, Ms. Hawa Amadu, Teaching Assistant.

Navrongo: The Director of HRD has promised to support us; Navrongo has some expertise; a large pool exists of experienced, retired nurses in the Upper East Region who would benefit from finding themselves useful again. We have also contacted the University for Development Studies for assistance.

Tamale: Mobilizing local resources is essential to the sustainability of a programme like this.

Navrongo: What should we look out for in selecting students for the school?

Tamale: You need to know that students who are very intelligent may not necessarily be morally fit to train as nurses. With day students it will be difficult to supervise their assignments. Some of them have family problems to solve when they leave the classroom. This hampers their studies. There are financial implications in getting accommodation, securing academic materials, and food. All this can affect the student's academic work.

Navrongo: We are tackling the financial issues from a variety of angles. The Kassena-Nankana District Assembly sponsors students in training colleges to come back and serve the district. It should be possible for the Assembly to sponsor students to train in the Day Nurses Training School too and we are presently discussing this with them. We are also exploring the possibility of the Navrongo Health Research Centre offering part-time jobs to students so that they can earn something to buy books. We have big dreams but we are not overly ambitious. We are looking at killing two birds with one stone—as we get nurses for our district we help the young girls find useful employment. We want to start with a small class of 20 students by September 2002.

Tamale: With the Research Centre to back you, you are already up to a good start.

Navrongo: How many subjects do you teach here?

Tamale: Formerly we taught Maternal and Child Health, Personal and Environmental Hygiene, Control of Communicable Diseases, First Aid, Community Health Aid, Nutrition and School Health. The Nurses and Midwives Council (NMC) have added Computer Training, Communication Skills, and Research Methods. Other additions include, Liberal Studies, African Studies, Mathematics, Statistics, and Pharmacology for which we have had to employ part-time tutors.

Navrongo: What are the essential things for a Demonstration Room?

Tamale: We use a list of items obtained from the NMC. You would need, among others, about 2 beds, admission bed, a crutch, a screen, a table, 2 chairs, some charts, the anatomy of a pregnant woman, a normal woman, a baby, and a placenta. You also need the Pelvic Chart or the whole of the anatomy on a chart, the structure of the teeth, the breast and the female pelvic, bed sheets, sandals etc. The visiting bags for each of these items are very important. Most of the items cannot be obtained in Ghana and may have to be imported from abroad.

Navrongo: I have seen some Ghanaian training models used by some NGOs. I think these can be very useful. How are your courses organised now? What about practical training?

Tamale: There are four semesters and the students have six weeks of practical attachment to district health directorates.

Navrongo: Thank you for the insight. This will guide us in establishing a day nurses training school in Navrongo.

Tamale: I assure you that you can make it. You have the commitment and all that it takes to succeed. Good luck!

Send questions or comments to: What works? What fails?

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This series has been launched to share experiences with people in Ghana and elsewhere around the world about what has worked and what has failed in an experiment to make primary health care widely accessible to rural people. The Kassena-Nankana community, whose active participation made *The Navrongo Experiment* possible, are hereby duly acknowledged. This publication was made possible through support provided by the Office of Population, Bureau for Global Programs, Field Support & Research, U.S. Agency for International Development, under the terms of Award No. HRN-A-00-99-00010. The opinions expressed herein are those of the authors and do not necessarily reflect the views of the U.S. Agency for International Development. Additional support was provided by a grant to the Population Council from the Bill and Melinda Gates Foundation. The Community Health Compound component of the CHFP has been supported, in part, by a grant from the Vanderbilt Family to the Population Council.